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Volume XLVII APRIL, 1925 Number Four



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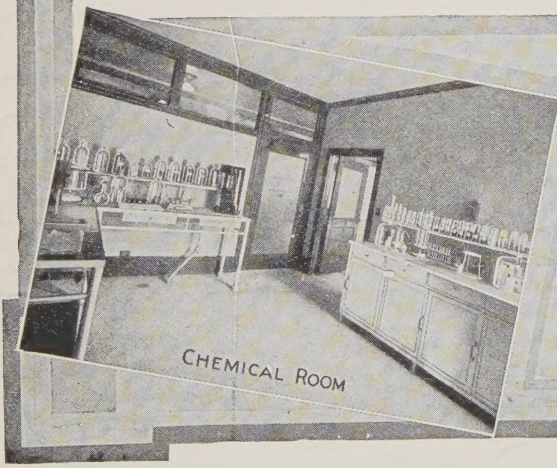


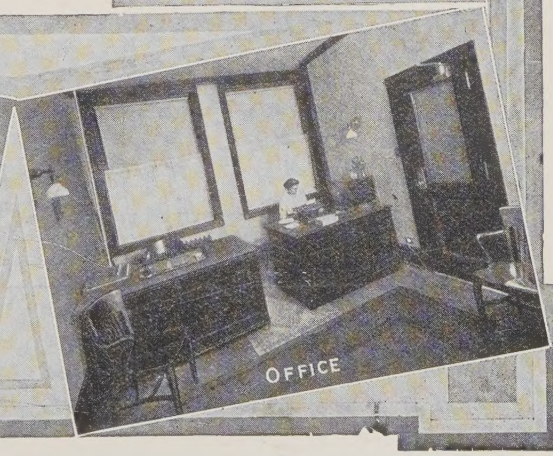

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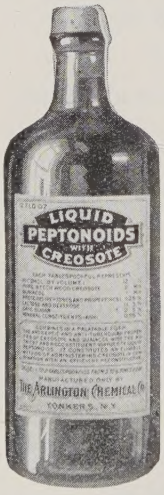


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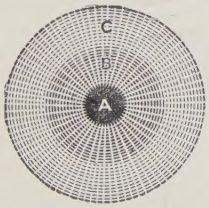


*Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.*

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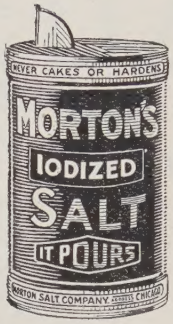


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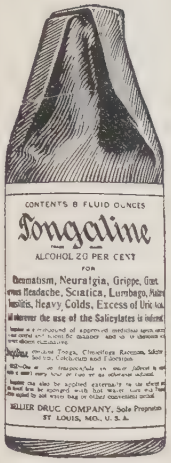


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The
# Chicago Medical Recorder
Official Organ of the
## Mississippi Valley Medical Association

Vol. XLVII APRIL, 1925 No. 4

## Original Articles

### MOUTH PROPHYLAXIS*

By John L. Kelly, D.M.D., New York City
Adjunct Professor of Stomatology, Section in Stomatology, Dept. of Gastroenterology, N. Y.; Polyclinic Medical School and Hospital; Associate, Pyorrhea Clinic, Dept. of Stomatology, Midtown Hospital

Diet has of late years been considered an important factor in mouth prophylaxis. It has been shown that dental caries and pyorrhea has been reduced and checked through dietary reforms. This fact has been established on the basis of both experimental and clinical studies here and in Europe.[1]

It has also been shown that oral disease has a direct or indirect bearing upon systemic disease and hence it is important to remove conditions in the mouth which favor oral sepsis.[2] The local factors responsible for mouth disease should receive the same attention as the constitutional factors. From the stomatological point of view it is imperative that the mouth be considered in relation to the normal functions of the body.[3] Mouth prophylaxis in this connection means the aiding of other measures of treatment either, surgical or therapeutic.[4]

Mouth prophylaxis consists in (1) cleaning of the mouth and (2) polishing of the teeth.[5] Patients should be taught to differentiate between cleaning the mouth and polishing the teeth. These two operations cannot be done at the same time, nor in the same way, nor with the same instrument. The mouth should be cleansed twice daily, once before retiring and once in the morning, and the teeth should be polished once a week.

The mouth can be cleaned in three operations, which consist in: (1) the scraping of the tongue, (2) the massaging of the gums with dry rolls, (3) the superficial cleaning of the teeth with wet rolls dipped in powder. It has been shown that the food when contaminated with pus and other infectious materials of the mouth passing through the surface of the tongue

*Read before the Washington Heights Medical Society, January 13, 1925.

causes the infection of the tonsils. The coatings of the tongue when mixed with the food may thus serve as carriers of infection. The tongue should, therefore, be mechanically cleansed as a prophylactic measure. Massage aids in stimulation of blood supply to the gum tissues which is a necessary function for normalcy. Due to the fact that our civilized dietary does not provide the necessary exercise for the gums, we resort to these mechanical measures. The third step in the cleansing of the mouth consists in the removal of the adhering particles of food from the surfaces of the teeth.

The tongue may be scraped with tongue scrapers. The gums may be massaged with dry cotton rolls or sterilized gauze wrapped around the finger. The cotton having been used for massaging purposes may be washed with hot water, thus cleansing the cotton thoroughly. The cotton

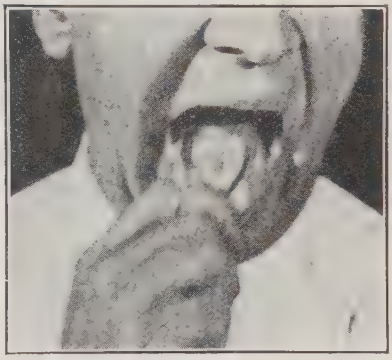

Figure 1.—Scraping the tongue.

Fig. 2.—Massaging the gum.

Figure 3.—Polishing by patient of buccal (outside) cavities. This picture illustrates the polishing of a bicuspid.

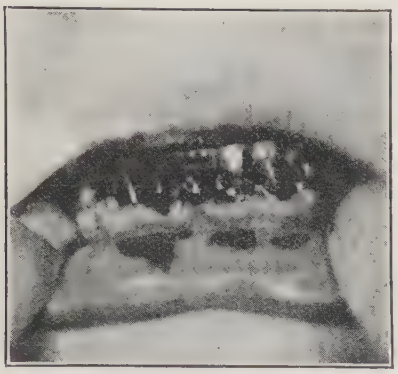

Figure 4.—Teeth stained with disclosing solution to detect surfaces in need of polishing.

Figure 5.—Condition of teeth after several polishings and general treatment of the mouth.

is then dipped into tooth powder and used for the cleansing of the teeth. The instruments used in connection with the cleaning of the mouth must meet with several of the following requirements: they should be sterile; they must reach all parts of the mouth; they should massage, not lacerate the gums. This procedure completes the cleaning of the mouth.

Preparatory to polishing the teeth, paint some four or six teeth with a disclosing solution. Wrap a piece of sterilized cotton about the end of a toothpick, dip into the solution and apply lightly to the gums and teeth. Rinse the mouth immediately and examine your teeth in a mirror, a magnifying one. Dark patches will be visible on tooth surfaces wherever there are areas of decomposition and accumulation of foreign matter. These patches show deposits and if not removed in time may cause decay or pyorrhea. The disclosing solution does not adhere to clean, smooth surfaces. By this means we determine the surfaces of the teeth that need the polishing particularly. Polish each tooth, especially the dark areas. Proceed in this manner until every tooth has been polished on both inner and outer surfaces. After all polishing has been done the efficiency of the work will be tested by applying the Disclosing Solution once more to the teeth. No dark patches should appear. The teeth should be polished once every week. This will help to insure a healthy oral cavity free from decay and pyorrhea.

The polishing of the teeth may be done with the prophylactic polisher, which carries a wooden point. These wooden points are concave on one side to fit the convex surface of the teeth. The wooden points are dipped into an antiseptic solution first and then into a polishing powder. Each tooth is then polished separately, principally where the stain adheres after rinsing the mouth.

To polish the interproximal spaces the waxed tape may be used. These places are difficult to reach and are therefore favorite breeding places for decay. The tape should be pulled between the teeth and not around them.

This prophylactic procedure will be found most efficacious in appar-

ently healthy mouths as well as in advanced stages of pyorrhea. In all cases where there is profuse bleeding, gum massage will be found invaluable. This routine may be also recommended for home use by patients. It helps in a great measure to bring about a closer co-operation between the dentist and his patient which is the goal and the first prerequisite in disease prevention.

Figure 7.—Mother polishing child's teeth.

Figure 6.—Polishing by patient of (inner) lingual surface of upper molar tooth.

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# MEGA COLON (GIANT COLON)

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Synonyms—Mega sigmoid, Megacolon Congenitum, Congenital Dilatation of the Colon.

Although much has been written upon the subject of congenital dilatation of the colon there is always a patent lack of exactness pertaining to the condition. A study of roentgenograms taken of constipated children nearly always shows a looped, twisted, redundant, dilated and hypertrophied sigmoid which makes it impossible to say just what degree of distention constitutes a mild case of mega colon. All constipated infants require the aid of a suppository, enema or laxative to secure an evacuation and abdominal protuberance is always noticeable. The lowered vital resistance is evident in that these infants develop slowly and seem to fall prey to the infectious diseases.

This condition was first described by Parry[1] in 1825, but the classical description given by Hirschsprung at the Berlin Congress of Children's Diseases in 1886[2] first brought it to the general attention of the profession, although many well authenticated cases had been carefully recorded before this date. Notable among these are the reports of Ebers 1836,[3] Oulmont 1843,[4] Banks,[5] Favalli,[6] Little and Galloway,[7] and Gay.[8] The first case reported in this country was by Lewitt,[9] followed by the reports of many others. Fisher[10] has collected 206 reports.

## CLASSIFICATION

Much difference exists in the classification of the various investigators according to their conception of the pathogenesis of the disease. Hirschsprung distinguishes two groups of cases.

1. Those seen at birth or shortly after (true mega colon).
2. Those which develop later about the time of weaning or toward the end of the first year of life, corresponding to the time of change in character of the food.
3. Those cases occurring in adult life (pseudo mega colon).

This classification has been accepted by Graanboon[12] and Lowenstein,[13] although others believe that since the process is a congenital one, it can manifest itself only in early life, and that those cases observed in adults are but aggravated cases of coprostasis.

Other observers believe that the condition, when it develops late in life, is but the delayed manifestation of a congenital defect which has existed all along and has been brought out by the atony of the bowels incident to the time of life.

## ETIOLOGY

Very little is known as the etiology of this affection and many theories have been advanced to account for the various manifestations. No single cause will explain every case. Barrington-Ward have grouped these factors into

A. *Mechanical.*

1. An abnormally long mesentary, permitting torsion of the sigmoid. Barth[15] and later Gourevitsch[16] have thought that an abnormally long mesentery might give rise to secondary torsion of the sigmoid. However the unusually long mesentery has been found in but few cases.

2. Increased length of the intestine, especially the sigmoid, which throws the bowel into loops and causes kinking and obstruction. Marfan[17] and Neter[18] believe the dilatation and hypertrophy to be dependent upon the accumulation of gas and feces in the elongated looped portion of the colon.

Curschmann advanced the theory and is supported by Hirschsprung that the sigmoid in early life is relatively larger than the rest of the large intestine, and that we often find a persistence of the infantile condition which may at times become monstrous.

3. Atresia of the Rectum and Anus, Trevre[19] rejects the idea of idiopathic dilation and believes that mechanical obstruction together with accompanying hypertrophy explain all the phenomena.

4. Valve formation Roser[20] and others have advanced the theory of a functional obstruction, due to the position of the affected bowel, by which a valve like action is produced. Perthes[21] reported a case where he was able to demonstrate a definite valve action just below the distended portion. Water injected through an artificial anus established above, would distend the bowel, but failed to pass through the valve, but when injected into the rectum it would pass through the valve and out of the artificial anus. At operation, he was also able to demonstrate the existence of the valve.

5. Distention of the pelvic colon with meconium at birth and valve action (Wilkie).

B. *Neuropathic.*

1. Neuromuscular defect of a segment of the intestine. Formad[22] suggested a neuromuscular defect of a segment of the bowel by reason of which the colon was unable to propel its contents, with a functional hypertrophy of the segment immediately preceding, the paralyzed and dilated portion. Hawkins[23] has therefore proposed the title "Neuropathic dilatation and hypertrophy of the colon." Lennander[24] believes this as the most probable explanation of the condition.

2. Paralysis of a segment of intestine. Pennato[25] considers this the causative factor.

3. Bing[26] believes it to be due to a lesion of the sympathetics of the intestine.

4. Reflex spasm of the sphincters due to anal fissures. Fenwick[27] in case was able to demonstrate a definite spastic contraction of the sphincter associated with fissure at the anal margin. This theory has also been suggested by Hickens[28] and Gee.[29]

Goebel[45] calls attention to the lack of evidence afforded by the excised intestine for the cause of the dilatation and hypertrophy of the colon, and therefore considered the possibility of presence of spasms either in the muscles of the upper colon or at the anus. The first possibility is excluded by the frequent continuation of the dilatation as far as the anal ring; the second assumption is supported by analysis of a number of Hirschsprung cases described since 1906. The data show that anal spasms may occur with such severity that they may be termed analogous to those that occur in cardiac and esophageal neuroses. The reflex irritation leads to lesions of a nature analogous to those of the colon in the Hirschsprung complex; and the local spasms of the sphincter at least may be designated as a contributing cause of the colon manifestations. Treatment, therefore, should aim to combat the tendency to spasm.

C. *Inflammatory.*

1. Colitis becoming chronic.

Walker and Griffiths[30] advance the theory that first a colitis occurred and becoming chronic, great distention followed from the altered chemical changes in the feces with gas production. The distention renders peristalsis difficult and is compensated for by hypertrophy of the muscle fibers.

D. *Congenital.*

1. Anomaly of development—dilatation and hypertrophy congenital Hirschsprung,[31] considers both the dilatation and hypertrophy to be due to morbid processes acting during fetal life.

2. Dilatation congenital, hypertrophy secondary. Mya[32] believed the hypertrophy to be secondary and not a part of the original process. This view has been substantiated by others. Billard.[33]

Concetti[34] described a case with congenital aplasia of the muscular tissues of the large intestine, immediately above the rectum, which he believed was the primary lesion, and as a result of later fermentation and putrefaction with gas formation these resulted in a stretching out of the bowel. In this expanded position large quantities of feces accumulated.

Later from efforts of the bowel to overcome this stagnation there results marked hypertrophy of the segment immediately above. This he believes to be a true hypertrophy, i. e., enlargement of the existing muscle fibers and the development of new ones.

3. Hypertrophy congenital, dilatation secondary, Genersich.[35]

From the study of this group it seems likely that the dilatation and hypertrophy are not necessarily associated, but either may be congenital with the other as secondary, or they may coexist independently of each other.

Finney[36] reports a case in which the hypertrophy resembled a lymphangiectasis, the most striking features being immense size of the colon and thickening of the mesocolon which was composed chiefly of enlarged lymph glands and enormously dilated lymph and blood vessels. The dilatation

of the lymphatics and vascular systems in the mesocolon correspond exactly with the dilated segment of the bowel. The whole appearance of the dilated and hypertrophied bowel suggested hypernutrition, a species of giantism. Cases have been reported in which the bowel has been thin and attenuated instead of thickened.

The pathological changes in the structures involved are not constant and many etiological factors may contribute. Marchand[43] concludes that hindrance to evacuation or peristalsis if originally present might lead to dilatation, which, making effective peristalsis more difficult induces hypertrophy and the other changes noted, thus inaugurating a vicious circle.

Congenital mego colon is three times as frequent in boys as in girls. Occasional instances are reported of mega colon first causing symptoms in adult life, but Bassler[31] believes that even when a large dilatation is met with the condition should probably be looked upon as secondary to some pathology and even in that sense it is not an idiopathis dilatation, but is secondary.

Practically all cases are met in the first year of life because of the greater mobility of the colon at this time and its tendency to angulate or twist on its axis. Occasionally patients are seen at early adult life who have had symptoms dating from birth or soon afterward. These can be classed as congenital.

The clinical picture is usually very pronounced. The abdominal distention may be observed at birth, and it may be so enormous as to interfere seriously with delivery. Hobbs and de Richmond.[38] The enlargement is due to distention of the dilated portion of the colon with gas and feces. The abdomen is rather barrel shaped, its greatest circumference being somewhat above the umbilicus. The distention may be so extreme that the peristalsis waves of the intestines can be seen and the distended intestinal coils seen or felt upon one side or the other.

The skin over the distended abdomen is tense and glossy, which is quite in contrast with the dry sallow appearance of the skin of the face. The veins over the abdomen are large and prominent.

The distended intestine continuously pushes up the diaphragm until it is almost horizontal, thus rendering the costal angle wide and obtuse instead of its normal approximately vertical position. A separation of the recti muscles may occasionally be present.

On palpation hardened fecal masses may sometimes be felt and at other times the abdomen is soft, but at all times it is free from pain.

On percussion the abdomen is everywhere tympanitic, the areas of liver and splenic dullness being much reduced. Audible borborygini frequently occurs.

Obstinate constipation is always a definite symptom, the first passage of meconium may be delayed for two or three weeks. In other cases the constipation may be noticed only after the child is weeks or months old.

The fecal material accumulates in such quantities as to cause fecal tumors, especially in the sigmoid. Under these circumstances, a movement of the bowels is obtained with difficulty. It may be relieved spantaneously by the expulsion of great masses of fecal material, although usually it yields only to enemata or mechanical stimulation. The periodic emptying of the bowel may continue for three or four days during which time the evacuations may be diarrheal and afford some degree of relief. Most unusual postures are assumed by the individual during defecation, such as leaning over the back of a chair, standing on the head, and knee chest position. The extreme difficulty in producing an evacuation is one of the characteristics of the disease.

As the bowel empties itself of this accumulation the abdomen flattens out and its walls become very flabby. For a while the child is relieved of his toxemia, the appetite is good and the patient appears well, but shortly the enormous distention recurs, the veins on the abdomen become prominent, the legs are flexed on the abdomen, the skin is dry, the face pinched and the child cries periodically.

Sometimes there are long intervals between attacks and the patient may be made to feel comfortable by the use of purgatives and enemas, but the relief is only temporary, the abdomen never entirely reaching its normal dimensions. The stools are of clay like consistence and have a foul odor.

After this free fecal discharge constipation recurs and it is during this constipated period that the abdominal distention recurs. Almost incredible intervals occur before the next evacuation. Johanessen[39] six weeks, Rolleston and Hayward[11] nine weeks, Gay[40] three months.

The general appearance of the patient is quite in contrast to the distended abdomen, the facies are dull, apathetic, the skin elsewhere on the body is dry and harsh and the whole picture is that of emaciation, autointoxication and sometimes tetany.

Rectal examination is usually normal. Some investigators have found the sphincter spasmodically contracted, but the majority of observers have failed to note any abnormality. The rectum is usually empty and its walls are either normal or somewhat ballooned. A rectal tube can usually be passed and may evacuate a large quantity of liquid feces and gas.

The lungs are encroached upon by the upward pressure of the diaphragm and displaced liver. Breathing is largely costal and dysponea seriously disturbs the sufferer.

The heart action becomes weak and irregular.

The kidneys are not disturbed, although occasionally an associated disturbance may be present.

Chronic insanity has been noted to frequently occur with dilatation of the colon. VanderKolk quoted by Hurd.[41]

PATHOLOGY

The usual site of the pathological process is the large intestine. In

more than one-third of all cases the sigmoid flexure alone is involved, but typical cases have been reported which involved the transverse colon only. The whole of the large intestine is involved in about fifteen per cent of the cases. In aggravated cases the cecum or the rectum may be distended and in contrast exceptional cases are reported where but a small segment of the colon is dilated without involving the sigmoid.

The small bowel is not involved even when the colon has tremendous fecal retention. Ladd[46] has always found the mesocolon unduly long, but without the extreme thickening mentioned by others.

The change in character of the bowel from normal to dilated colon is usually sharply marked and from this reasonable dilatation to the abnormal stretched condition, there is a more gradual change. Sometimes but not always there is an apparent mechanic obstruction at the point of beginning dilatation. These demonstrable obstructions are more definite in the adult type of disease. Perthes classes all such cases as pseudo-megacolon, reserving the congenital iodiopathic type to those in which no definite mechanical obstruction can be demonstrated at operation or autopsy.

When the abdomen is opened the colon perhaps six inches in diameter fills the entire cavity, displacing all the other abdominal contents. Terry[47] reports a case in which the sigmoid was 19 cm (7½ inches) in diameter.

Peritonitis may be present as a result of necrosis of the intestinal wall. In Finney's case there was quite a uniform hypertrophy of all of the intestinal tissues, especially marked, however, in the muscularis. Grafted, as it were, on this hypertrophy are many degenerative changes, probably due to the large, retained fecal masses.

Finney presents the following interesting table comparing the measurements of the different bowel tissues in a normal well-distended colon and in several other cases.

| Cases | Mucosa mm | Muscularis Mucosa mm | Sub-Mucosa mm | Circular Muscles mm | Longitudinal Muscle mm | Serosa | Total |
|---|---|---|---|---|---|---|---|
| Normal colon .. | .290 | .017 | .320 | .170 | .050 | .005 | .850 |
| Mya ..... | .055 | .22 | .55 | .33 | .035 | 1.605 | 2.695 |
| Concetti ..... | .513 | .105 | 1.398 | .447 | .447 | .057 | 2.52 |
| Finney[2] different area ..... | .520 | .050 | .220 | .750 | .200 | .020 | 1.77 |
| | .500 | .075 | .900 | .450 | .200 | .037 | 2.16 |
| MacCullum reported by Finney ..... | .350 | .125 | 1.025 | 1.670 | .375 | .010 | 3.55 |

DIAGNOSIS

The diagnosis is usually easily determined by the classic symptoms chronic constipation and enormous abdominal distention.

In children mild cases may be confused with rickets or malnutrition and although the emaciated extremities and anxious but sallow expression are found in both the enormous meteorism occurs only with mega colon.

In adults tuberculosis peritonitis, chronic volvulus, carcinoma of the intestine, dysenteric ulceration and ovarian cyst are to be considered.

In differentiating tubercular peritonitis from mega colon the fact that ascites has never been found in mega colon will be of some aid.

The disease makes its appearance during early infancy. Finney says seventy per cent occurred immediately after birth and about twenty per cent within a few days or weeks. The fact that children who have suffered from constipation from birth frequently do not consult a doctor until some years later may account for many of the milder cases never being recognized. An enema given to the child will often bring back an unbelievable quantity of feces.

Fig. 1.—Roentgenogram of our own case of megacolon which shows the enormous distention of the bowel.

A barium enema given with the child inverted or in the knee chest position may show a good x-ray illustration (figure 1). A roentgenogram with a metal tube inserted into the rectum may also aid in determining the location of the affected segment of bowel.

## PROGNOSIS

The prognosis is always uncertain. Some cases have been reported in which patients succumbed in a few weeks Pfisterer,[42] but usually the

patients lead a precarious existence for several years, always being undernourished and suffering with digestive disturbances. Inter-current disease such as peritonitis, the result of perforation or rupture of the bowel, volvulus, acute intestinal obstruction, heart failure, bronchitis, or bronchopneumonia frequently cause the patient's death. The majority die before the sixth year and ten years appears to be an unusual survival.

### TREATMENT

The treatment of mega colon embraces many medical and surgical procedures and no one treatment yet discovered is always successful. These infants do not stand surgery well and their treatment must usually be palliative until the child is at least one year old.

### MEDICAL TREATMENT

In a small portion of the cases a practical cure may be obtained by the usual medicinal measures employed for the relief of chronic constipation, namely, regulation of the diet, frequent regular irrigations of the bowel in an effort to prevent the accumulation of fecal matter and gas. Cathartics are not at all satisfactory. One-half to one ounce of mineral oil given half an hour before each meal helps lubricate the fecal mass as it passes through the colon. Massage of the colon at the time the flushing is given helps to "milk" the secretions along the bowel. The possibility of rupturing the bowel during these maneuvers must always be kept in mind. Meyers[48] reports one case in a child aged 4 years, which was diagnosed both clinically and with the aid of the roentgen ray. Constipation dated from infancy and had been persistent. All sorts of drugs were tried, but no attention was given to the preponderance of starch in the diet. Assuming that spasm was playing a role in this condition, the child was put on increasing dosage of atropin, starting from 5 drops of a 1:1000 solution, until the child complained of dryness of the mouth. Gradually, well done toast, cooked fruit and green vegetables were added to the diet and the atropin was decreased. The constipation ceased after the spasm was relieved and normal defecation followed. Five other similar cases are cited in which the starch free diet and atropin yielded equally good results.

The success of medical treatment will depend largely upon the tonicity of the colon and the contraction of the lumen to a nearly normal size. When, however, there is a definite obstruction which causes the dilatation, or medical treatment fails after a reasonable trial, surgical procedure must be instituted.

### SURGICAL TREATMENT

A few cases have been cured by dilatation of the rectum, division of the rectal valves or the removal of tumors which pressed upon the rectum, but most cases require direct treatment to the dilated colon.

Colostomy, often a cecostomy as a safety valve or as a preliminary step to a more radical operation, is a very valuable aid at which time a careful complete diagnosis may be made and the contents of the bowel may be evacuated. The colostomy opening should be made in healthy bowel above the dilated segment. After this portion of the bowel has been relieved of its impacted feces and has recovered somewhat its normal size, the second step of the operative procedure consisting of a lateral entero-anastomosis between the segments immediately above and below the distended portion may be performed.

After a cecostomy has been performed and a tube tied in, the abdominal wound may be closed about the tube. Daily irrigations of salt solution are now given through the colostomy opening and per anum. From time to time as fecal masses become retained they may usually be removed by massage of the abdomen at the time of irrigation.

Following the establishment of an artificial anus these little sufferers promptly build up, some seem to make miraculous improvement and for a considerable time they may be made very comfortable, but are not content to go through life in this condition and a short circuiting operation will be demanded.

Entero-anastomosis without resection has given good results in many cases, especially if colopexy is added to lift up the sigmoid and fasten it so as to eliminate kinks, but sometimes the excluded bowel fills and packs with fecal matter.

Resection of the affected segment with entero-anastomosis is the operation of choice other things being equal. The anastomosis to be made depends upon the conditions found in the particular case, but as a rule ileo-sigmoidostomy or a colocolostomy close to the rectum will be demanded. In a few cases severe diarrheal troubles result when the ileum is joined to the rectum.

During the resection of this enormous bowel it will be found that the ordinary intestinal clamps are not large and strong enough to hold the bowel and must be replaced by large sized stomach clamps. Lateral anastomosis is much better technic than end to end because of the disparity of size between the upper and lower segment.

Johnson[49] reports a case of mega colon involving the cecocolon. A sigmoidectomy was done with end to end anastomosis between the descending colon and the rectum. As the open end of the rectum was fully 9 inches across, the posterior 4 inches were closed and the union was made with three rows of chronic gut sutures. The patient made a remarkable convalescence. He is entirely free from all of his previous symptoms.

Upon completion of the anastomosis a rectal tube should be introduced through the anus and up through the anastomosis. The visceral displacement attending the abdominal distention of these cases seriously affects the functioning of these organs and impairs their vitality. In the case

reported by Carnot and Friedel[44] the enlargement of the intestine at the left flexure of the colon had pushed the heart over to the right side and displaced also the stomach, spleen and liver. The megacolon was resected and the displaced organs slid back into place, but this induced such disturbance in the circulation that the man of 55 succumbed to a fatal syncope the next day. The case teaches the necessity for impeding the sudden return of displaced organs after resection of the megacolon.

Lowenstein[13] in his table of comparative results of treatment gives the following statistics:

| Cases Treated | Medical—59 | Surgical—44 |
|---|---|---|
| Mortality .....39 | 66 per cent | 21 48 per cent |
| Improved ..... 9 | 11 per cent | 7 |
| Unimproved .....4 | | 2 |
| Cured ..... | | 15 34 per cent |

My own case illustrated in figure 1 was seen with Dr. Julius Bernstein and gave the following history:

Mrs. N., a primipara, went into labor May 20, 1917, at 4:00 P. M., pains 10-12 minutes apart, taken to delivery room at 3:30 A. M., on May 21.

Delivery of an incomplete frank breech at 7:50 A. M., male child. Babe at birth weighed 7 lbs. 1 oz. On the second day after delivery the baby vomited a large amount of clear mucus.

On the third day the abdomen became distended. The skin of the abdomen became coarsed with dilated veins, and upon palpation of abdomen, especially upon left side in the region of the sigmoid flexure, great tenderness was elicited. The temperature at this time was 98. The babe was given a normal salt enema which returned with a large amount of meconium. On the fourth day in the morning, abdomen was softer, distention was not quite so great and palpation did not cause so much discomfort. The evening of the same day, the abdomen was very much distended and the babe was restless. There was great pain on the slightest pressure, and the babe vomited a large amount of green emesis with curdles of milk.

A diagnosis at this time was made on the distention, no spontaneous defecation, tenseness of abdomen, dilatation of veins, the large amount of meconium expelled. A normal salt high colonic flushing was given, which returned with a large amount of meconium, no flatus being expelled. Pituitrin M2. Still the abdomen was quite distended. Another flushing was given which also returned with good results. The babe now started to expel flatus at intervals. The distention of abdomen was somewhat improved. The temperature 98-6. The baby rested well. On the fifth day, the babe was taken to the X-ray room where a bismuth enema was given, and the diagnosis confirmed. During this time the babe nursed well, treatment being an enema morning and evening. Mother and babe

were dismissed on the 11th day, the infant weighing six pounds thirteen and one-half ounces.

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# NICHOLAS SENN—THE TEACHER*

EMMET KEATING, M.D.

CHICAGO

History, in dealing with events having to do with the activities of the human race, attempts to set forth reasons for those movements throughout the ages which are responsible for the fate of different peoples. Whenever there has been an upheaval which has confined itself to a single nation or has resulted in realignment among neighboring and distant nations, there has always appeared, majestically stalking across its pages, one or more great and solitary figures who have received credit either for things created or for things destroyed.

Willingly by most, unwillingly by few of their fellow men, they have been accorded leadership and dominion. The manner of their accomplishments has been set forth in detail, and reasons for their successes and failures have been analyzed and argued by subsequent writers. What they did becomes the subject of study by succeeding generations, who in turn utilize their experiences in instituting and carrying out designs similar in type but of ever-increasing magnitude. Their intelligence, their energy and prowess, their acts of cruelty and compassion have been the theme of poets and the lay of minstrels. Though dead and gone for a thousand of years, their influence is never lost but plays a most important part in stimulating the youth of succeeding ages to the execution of projects, great and small, which otherwise would never have been attempted.

In our time something has occurred which has tended to set up "standards" and "systems" which hamper the efforts of the individual to attain to the place of leadership. Today no man stands forth in religion, in politics, in law or in medicine, as did those figures of the past. From the great World War no general has been singled out for special acclaim or for having had superior merit to his fellows. The medical school of today has no outstanding physician in its faculty whose achievements and personality attract numbers of students. Standardization has left but little choice. Whether the student sits within the ancient and sacred halls of Harvard or the new and shining ones of Illinois, in five years he will emerge with the same fund of digested and undigested knowledge, shorn of all notions that the practice of medicine has anything in it of romance. There is no doubt that the present system has enormously advanced the standard of general competence, but will the dead level of superiority continue without yielding to anyone a place on the throne?

In America, Nicholas Senn was one of the last of the outstanding figures who was greater than the school of which he was a part. Contemporary of Richard Mansfield, he was the greater tragedian of the two. No Keene, no Booth, no Barrett knew better how to play on the emotions of his audience than did Nicholas Senn; no Belasco possessed greater

*Reprinted from the A. M. A. Bulletin by request.

intuition of the minuteness of detail of the setting for the stage than did he. While, primarily, students came to learn, they returned again and again to be fascinated, charmed and inspired by the magnetism of voice, gesture and facial expression which held them spellbound and attentive for hours.

The amphitheater of Rush Medical College was the scene of his greatest triumph. The large lecture hall was a relic of former times and methods. Seating capacity for a large audience was arranged in the form of a semicircle, those in the back being some twenty feet above the level of the floor. The place set apart for the lecturer and the patients was on the floor level, and the first row of seats for students was four or five feet above, so that instead of the ordinary stage elevated above the floor, it was like a pit. High above the doors leading back to the hospital was the printed inscription: "Dedicated to the Relief of Suffering and Cure of the Sick." This motto was changed later and the magic word "Cure" eliminated. Along the wall were bas reliefs of Moses Gunn, Charles T. Parkes and other famous men connected with the making of Rush Medical College. The other decorations consisted of tablets bearing the year and motto of classics which had gone before.

Dr. Senn's clinic began at 2 o'clock, but at 1 o'clock the surgical nursing staff from the Presbyterian Hospital assigned to Dr. Senn began bringing in their supplies and preparing for the afternoon's work. At the same hour students began to come in singly and in small groups in order to obtain seats in the front rows. Here was no spirit of revelry or playing of boyish pranks. This was the one assemblage of the school where the atmosphere was that of a church. As 2 o'clock approached, orderlies from the hospital began bringing, on hospital carts and in wheel chairs, convalescing patients who had been operated on at previous clinics. For a short time the double doors leading back into the hospital were closed. Then, at 2 o'clock, the actors appeared in the doorway. They came in as a procession, at the head of which was Dr. Senn, wearing a long surgical gown, his hands incased in white cotton gloves, and carrying in his right hand one of the small microscopes with a lighted coal oil lamp displaying the pathologic specimen taken from the tissues in a previous operation. Behind him, in the order of their rank, came the first, second, and third assistants, bearing the lighted microscopes, which were later to be passed among the audience of doctors and students. Then came senior and junior interns, and after them the nurses assigned to the clinic. Dr. Senn was a small man inclined to stoutness. Except on rare occasions, his face was one of solemnity and earnestness of expression. His advent into the clinic was always marked by the handclapping of the audience as he marched toward what would have been the footlights had it been the theater stage. He acknowledged the reception with courtly bows to the center, to the right, and to the left.

The greeting over, he at once launched into a dissertation on the

disease afflicting the patient on whom he had previously operated. He would give a minute description of the section under the microscope and tell in which field the students would find the deviation from the normal. He had a vivid conception of the fact that whatever disturbs the well-being of the individual is neither trivial nor commonplace. Therein was one of the secrets of his greatness.

He possessed in a very high degree the ability to put consulting physicians at their ease, and to make them feel that their efforts in behalf of their patients merited a high degree of praise. I seldom saw Dr. Senn smile, but in spite of this lack of evidence of his goodwill, his manner was so kind, patient, and forbearing that those with whom he talked were most favorably impressed. At each clinic one of the senior students would be assigned a patient whose history he would take, make the necessary examination and submit his diagnosis. Having rendered a dissertation on each of the patients who had been brought in for demonstration, Dr. Senn would take his place on a stool and begin the elaborate ceremony of washing his hands in preparation for the operations of the afternoon. While thus engaged, the senior student would bring his patient into the center of the pit and be introduced to his fellows by Dr. Senn. The student would read the history he had written. This reading was interrupted many times by Dr. Senn, with questions and suggestions that were not intended to embarrass or expose the lack of knowledge of the student, but rather to aid him in holding the attention and in retaining the interest of the audience.

The reading of the history completed, the student, with many promptings from Dr. Senn, would proceed with the telling of the results of his examination and his reasons for his diagnosis. He was never baited nor made to feel his inferiority, but was tactfully taught many things that he had not known before.

The washing of the surgeon's hands was a great event. When he had seated himself, a lower stool would be placed in front of him, a nurse would bring a sterile basin, water and soap would be added, and he would proceed with his ablutions in the same dignified manner that he did everything else. The basins and water would be changed as required, and in the midst of this ceremony he would partake of a glass of coffee. The examination of the student having been completed, he would begin the series of operations for the rest of the clinic period. He talked constantly while operating, and took great pains to illustrate the various steps as he went along.

Dr. Senn was not only a great surgeon; he was likewise a great physician. While no man was ever more greatly interested in the problems in surgery, he never lost sight of the fact that other measures, although less spectacular, were not to be neglected in those cases in which surgery was not indicated. The glorification of surgery by some men of smaller minds has been unfortunate, both for the medical profession and the public which it serves.

## "NEW LIGHTS ON OLD ISSUES"

By Samuel C. Henry, Ph.M., Secretary of the National Association of Retail Druggists

In order to draw an intelligent comparison between the so-called chemist of olden days and the pharmacist or druggist of today and definitely establish the measure and character of the service rendered then and now it becomes necessary to dig into the distant past, in which process we find the old time apothecary continually referred to centuries before the dawn of the Christian era and biblical history informs us that the pharmacist in the combined role of physician and druggist was known, honored and respected as a character closely linked with ancient priests and martyrs. I might just add by way of an aside that many physicians and pharmacists of our own day richly deserve having bestowed upon them the title "Martyr," for surely they are giving their all to the service of humanity.

We also learn from ancient history that disease in the old days was largely, if not wholly, attributed to the presence and power of numerous evil spirits and again we sometimes wonder as we scan the ever lengthening list of isms and cults of the present day if indeed the fears and superstitions of bygone days have in fact given way to reason even in this enlightened age. Be that as it may, the physician-pharmacist of olden days soon learned that it required more than mere lusty incantations, with frequent appeal to the spirit world to bring relief to suffering humanity. Hence we find this primitive character, the forerunner of two of our most honored professions, turning to the roots, barks and herbs of his day and generation, as he labored unceasingly to relieve the suffering and distress of his fellowman, and it is a matter worthy of more than passing note that such therapeutic agents, however crudely prepared, proved most efficacious in restoring to health the sick and infirm of that age.

Passing now to the thirteenth century, A. D., we find the famous apothecary recorded in London, with his quaint, old shop a service station to humanity ministering to the need of the people. Passing into the early history of our own country we find the apothecary established in the various centers of population, where the proprietors of these establishments are referred to as men of outstanding character and influence in the community.

Thus we find recorded throughout history the chemist, apothecary, druggist or pharmacist—whichever you may choose to call him—always busily engaged in humanitarian pursuits.

Now in reviewing these incidents relating to pharmacy we must not overlook the fact that a definite line of demarcation between the physician and the pharmacist is, relatively speaking, a matter of recent origin, a condition brought about by unusual and rapid developments in the arts and sciences of medicine and pharmacy until today it is utterly impossible for any individual to render intelligent and satisfactory service in the dual capacity of physician and pharmacist. Naturally, however, these two pro-

fessions so closely allied throughout generations are in a manner inseparably linked together, for the skill of the physician in diagnosing an illness and prescribing the proper remedy therefore would be of no avail if it were not upheld and sustained by the skill and accuracy of the compounding pharmacist.

Now we come to the question immediately before us, namely, how does the service rendered by the pharmacist of today compare with the service of bygone days? Perhaps this point can best be illustrated by a popular story. (Insert story.)

Prior to the year 1821 we had no institutions of learning in this country in which pharmacy was taught. Previous to that time the art was acquired through a system of apprenticeship, which included such instruction as the chief pharmacist was able to communicate to the apprentice. Under these conditions with no definite standards to be met, the finished product was naturally far below what we would regard as a reasonable standard. In 1821, however, the Philadelphia College of Pharmacy was organized in the city of brotherly love, since which time pharmacy as a science has shown remarkable development, so that we now find either an independent college of pharmacy or a department of pharmacy connected with one of the universities in many of the cities throughout the land and the graduates of these institutions are required to have a high school education and at least two years practical experience in a drug store, with from two to four additional years devoted to the study of pharmacy and allied branches within the halls of the college or university. Nor is that all, for when the college course is completed the graduate must pass a satisfactory examination before a board appointed by the governor of the state before he can engage in the practice of pharmacy, or, in other words, operate a retail drug store.

Again, the pharmacist who engages in business today is relieved of the necessity of gathering roots, herbs and barks with which to prepare medicinal compounds, for we now have in this country the very finest laboratories and manufacturing establishments in which drugs, chemicals and pharmaceuticals are assembled and made ready for the pharmacist, who is able to procure and make use of these products with the assurance that all have been accurately and skillfully prepared under ideal conditions. Thus you will see at a glance that the pharmacist of today is immeasurably better equipped to serve humanity intelligently and satisfactorily than was the pharmacist of earlier days.

There is another side to this question which should not be overlooked upon such an occasion and that is, the great number of laws that have been enacted bearing directly upon the drug business, all of which add greatly to the responsibilities of the present-day pharmacist. For instance, the pharmacist who compounds and dispenses a prescription must know that each preparation he uses complies strictly with the standards defined in

the National Pure Food and Drugs Act and such state laws as may exist. Furthermore, if the prescription calls for a narcotic drug, the pharmacist must know and comply with a great array of regulations issued by the internal revenue department of the federal government, all of which must be faithfully and intelligently observed by the pharmacist if he desires to remain at liberty and continue his service to the people.

Now then, we come to the modern drug store with its customary prescription department and its rows of bottles and drawers from which drugs are dispensed, to which is added innumerable side lines, many of which do not appear to have any particular relation to the drug business, and the question is not infrequently heard, has the drug store lost its identity in this process of evolution, or has the druggist become any less a pharmacist because of this change? The changing character of the drug store is simply an indication of the trend of the times in which we live, wherein service and efficiency stand out most prominently in the business world and the changes you note in the character and make-up of the modern drug store indicate chiefly increased service on the part of the pharmacist or druggist, or to put it in other words, the modern pharmacist is also a merchant, or, better still, to use a popular slogan, "Your Druggist Is More Than a Merchant." By this we mean that your druggist has developed or acquired the art of merchandising, but over and above that stands the fact that he is also a pharmacist and therefore more than a merchant, because a man trained in the art and science of pharmacy, having gained his knowledge in the school of experience, with college training added, will remain first and foremost a pharmacist.

Summing it all up, we find that the druggist has throughout the ages stood in the forefront of the many agencies serving humanity. The public has always looked to the druggist for advice, assistance and service of every conceivable character that could not be obtained elsewhere. It is, therefore, only reasonable to assume that the drug store is an establishment essential to the welfare of every community and the wise head of the house will make it a point to see that such an establishment, to which he must go in the hour of need, perhaps in the dead of night, is properly supported and sustained.

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Roger Bacon, who lived and wrote seven centuries ago, predicted "machines for navigation without rowers, cars without draft animals, flying machines." Because of this statement he was adjudged a sorcerer and thrown into jail.

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In making shark fin soup, the Chinese boil the fins and otherwise treat them until they take on the appearance of fan-like flakes and filaments of pure gelatine. The eyes of the shark, after they are boiled, lose their outer covering, and the residue becomes quite hard and has a sort of shifting light in its texture. These shark eyes are then mounted on pins or other forms of jewelry and present an unusual appearance.

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## PASSPORTS

In several editorials written by us on the passport nuisance now existing we called the attention of our readers to a bill which was introduced by one of our ablest Congressmen, the Honorable Hamilton Fish, Jr.

We take much pleasure in stating that this bill was passed and approved February 25, 1925, and reads as follows:

"An Act to authorize the President in certain cases to modify vise fees.

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That notwithstanding existing law fixing the fees to be collected for vises of passports of aliens and for executing applications for such vises, the President be, and he is hereby, authorized, to the extent consistent with the public interest, to reduce such fees or to abolish them altogether, in the case of any class of aliens desiring to visit the United States who are not "immigrants" as defined in the Immigration Act of 1924, and who are citizens or subjects of countries which grant similar privileges to citizens of the United States of a similar class visiting such countries."

This Act is far more reaching in its beneficial effects than appears on the surface, and will soon rectify the evils complained of. Every traveler is under lasting obligation to the Honorable Hamilton Fish, Jr.

## SCIENTIFIC RESEARCHES ON VENEREAL DISEASES

The American Social Hygiene Association is to be congratulated in presenting such an able report as the one before us edited by Edward L. Keyes, M. D. In addition to Dr. Keyes, Chairman, we note the names of Surgeon Generals M. W. Ireland, Hugh S. Cumming, E. R. Stitt, Dr. M. A. Bigelow, John A. Fordyce, T. W. Salmon, John H. Stokes, Victor C. Vaughan, and many other distinguished men.

The report is complete, summarizing all the results of the scientific researches concerning venereal diseases, financed by the Social Hygiene Board during the years from 1918 to 1921. This report is of great value to all those interested in the subject, giving the summarized researches, for instance, on mercurochrome, proflavin and acriflavine, Wartin stain for spinal fluid, diagnosis and culture of the spirochaeta, the effect of radium and x-ray upon the cultures of spirochaeta, study of the new arsenical compounds such as flumerin, tryparsamide, etc. Every one should make an effort to obtain a copy of this report from the American Social Hygiene Association.

## SPECIAL GOITER NUMBER

Next month the Chicago Medical Recorder will commence the publication of a series of articles dealing with the subject of goiter. The May

number will be devoted entirely to a group of papers which were read before the American Association for the Study of Goiter, and will present a symposium on this subject which will prove of extreme interest and practical value.

## AN APPRECIATION BY GENERAL PERSHING

### A Compliment by General John J. Pershing to the War Service of the Medical Profession

At a meeting last fall of the Medical Club of Philadelphia, at which General John J. Pershing was invited to be guest of honor, the following message was read, representing an official expression to the members of the medical profession in appreciation of their services in the World War:

"Your profession has ever rendered unselfish service to the cause of humanity. In peace and in war our medical men have shown their loyalty and devotion to country. The sacrifices you have made in the interest of science and humanity have marked you as men of courage, with a fine sense of loyal citizenship.

"Through the indefatigable efforts of leaders in the study of the prevention of disease, the usual camp diseases, typhoid fever, infectious diarrheas, malaria and yellow fever, formerly the greatest hazards to the success of military operations, have been reduced to insignificant concern. These conquests of yours have in general stimulated the industrial progress of tropical countries, and in particular have recently removed the barrier to the consummation of one of the greatest engineering accomplishments of all times. The mobilization for the World War gave practical evidence of the control which principles of preventive medicine have made possible.

"I have no doubt that the great pandemic of influenza, with its ghastly toll, has stimulated scientific endeavor so that preventive measures will be discovered which will preclude a recurrence of the periodic holocaust which clouded the closing days of the World War.

"These achievements prepare you for an intimate conception of the preparedness program under our military policy. The events leading up to our participation in the World War have rapidly become dim in memory, but I know you will recall the precipitate way in which we mobilized and organized our forces to play their surpassingly brilliant part in the final defeat of the Central Powers. America added new blood, which, like old wine, exhilarated the forces of our allies and gave the final blow to our mutual enemy and a glorious victory for the right.

"Our traditional lack of plans for the defense of our country and the principles for which its people have always stood resulted in an unnecessary cost in lives and money. But, I believe, the lesson has been learned. Congress has by the act of June 4, 1920, provided for the organization of a truly effective citizen army, to be developed in time of peace for the undesired event of war.

"Your profession has always been ready and willing to fulfil the citi-

zen's obligation for the defense of the country, as proved by your eager response in the World War, in which your accomplishments reflected the highest credit on your personnel. The first active participation of the United States after the declaration of war was the assignment to active duty with the British in May and June, 1917, of some 800 young American physicians, who volunteered their services immediately after we cast our lot with the Allies. These men were assigned to front line work, where they 'carried on' with rare devotion to duty and to the credit of the nation.

"Your response to the country's need resulted in the development of a large and efficient machine, composed of about 35,000 officers and more than 250,000 men, who contributed vastly to the ultimate success of American arms.

"The advantage of organization for any service is indisputable. You have recognized that by the establishment of your great American Medical Association. Peacetime organization of the medical profession lends itself admirably to assimilation as trained personnel for service in the event of emergency under the National Defense Policy.

"Your service is a twofold one:

"1. As leaders in your community, having expert knowledge of the benefits of physical development, leadership and discipline afforded by military training, you are better qualified than any other group of men to keep before our citizens the importance of their support of the principles of defense.

"2. As potential members of the medical service of the Army of the United States, knowing the inestimable value of adequate organization in time of peace for service in emergency, you can make possible the development of an harmonious and efficient machine ready for service without tedious delays.

"You know, perhaps better than any other class of men, the advantage of these basic principles. You can, because of the broadness of view your life work inculcates, appreciate the importance of an adequate military organization so developed in time of peace as to assure protection of the country.

"The medical history of the World War made by your profession is one of bright achievement, but the task is unfinished. The nation having provided a policy for the creation of a citizen army, your obligation to aid in the fulfilment of the wise provision is obvious. The nation has confidence in you, and I feel assured that the organization of the medical service for future emergncies will not fail."

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## GORGAS MEMORIAL INSTITUTE

The Gorgas Memorial Institute seems to be accomplishing its initial purpose of uniting laymen and doctors, and instilling into the masses a recognition of the fact that scientific medicine is the only proper authority in health matters.

The Gorgas Memorial Institute evidences a healthy growth from the

Atlantic to the Pacific. The value of periodic health examinations is a subject that the foundation is stressing in hundreds of newspaper articles, in public talks and in radio addresses, the country over.

Scores of editorials have been written and published by leading newspapers. Without exception they have deep sympathy with the ideals of the organization and heartily endorse it.

A special article written by the Detroit Saturday Night and appearing in the issue of Feb. 14 is pertinent. It reads in part:

> "Quacks and quackery in the field of medicine and general health protection will receive a heavy blow when the Gorgas Memorial Institute, recently founded in honor of the great army medical man who showed the world that yellow fever and other pestilences could be conquered by preventive methods, gets functioning."
>
> "The Institute is not heralding as one of its purposes the counteracting of propaganda such as is spread by Bernard Macfadden and others of his kind who use every opportunity to attack the medical profession, but just so far as its plans, as announced, are successful, it will help to overcome pernicious teachings and ignorance regarding health."

The article goes on to say:

> "The Institute will carry out General Gorgas' ideas of the exercise of preventive measures and the use of scientific medicine to check disease and wipe out pestilence. It is estimated that modern ideas of sanitation, coupled with the principle of periodic examinations such as General Gorgas practiced in the United States army during the world war, would mean a saving of $1,500,000,000 annually. And the decrease in sickness and increase in happiness would be worth as much more.
>
> "On any given day there are 3,000,000 people on the nation's sick list. One million of these are gainfully employed. The daily loss from this one source is staggering."
>
> The County Societies are also proving receptive to the Gorgas Idea. They see in the movement a plan which will aid each member individually.

### FILLS LONG FELT WANT

Pronounced commendation is revealed by the Feb. 16 "Bulletin" of the King County Medical Society (Seattle, Washington).

In the eyes of Dr. A. C. Crookall, president of the King County Society, the Gorgas Memorial Institute fills a long felt want in the profession, "and the work of the Gorgas Memorial Fund, being based on modern business principles, should be supported by the Society."

He said further:

> "Through the income from a five million dollar fund it is going to make a definite organized effort to 'familiarize' the public with such facts as will enable it to recognize the fallacies of the cultists.
>
> "A constant fund of proper health information carried to the individual through the pages of his daily newspaper, the columns of the general magazines, by means of moving pictures, lectures and the radio, will direct him to the proper source for medical advice and gradually eliminate these irregulars.
>
> "The day is not far distant when the physician will keep his patients fit by means of periodic health examinations, by proper hygienic advice, and by the practical application of health and dietary knowledge.
>
> "Regardless of whether the profession takes an active part in this move, it is coming. The question is only whether we are going to take

an active militant stand, or follow our usual laisser faire attitude. . . . Is it not about time that the medical profession tried to take its proper place in our social, commercial, financial and political life?"

Scores of other newspapers in all parts of the country commented enthusiastically on the movement. Among such journals were: New York City Herald-Tribune, Syracuse (N. Y.) Journal, Worcester (Mass.) Gazette, Dayton (Ohio) Journal, Moline (Ill.) Dispatch, New Haven (Conn.) Register, Pittsburgh (Pa.) Sun, Memphis (Tenn.) Commercial Appeal, and the Kansas City (Mo.) Times.

Radio talks have been given in many cities. Dr. Herman N. Bundesen, Health Commissioner, gave the initial talk in Chicago. His address was quickly followed by others in Memphis, by Dr. E. E. Francis; in Denver, by Dr. W. W. Grant; in Ft. Worth, by Dr. Leonidas A. Suggs; in San Francisco, by Dr. S. Nicholas Jacobs, and by Dr. George David Stewart, New York City.

After Dr. Francis' first radio address he received the following letter of congratulation from the Commercial Appeal:

"Dr. E. E. Francis,
Union Planters Bank Bldg.,
Memphis, Tenn.

Dear Dr. Francis: We have had many compliments on your little talk the other night.

Mr. Mooney (President of the Commercial Appeal) and I are planning more features of this kind for the radio. If agreeable with you, we would like to suggest that you favor us with more talks of this kind. We would be glad if you would make them, say, about fifteen or twenty minutes.

When we get our program mapped out, we want to get in touch with you. Yours very truly,

News Editor,
The Commercial Appeal."

Since getting this letter Dr. Francis has given his fourth radio talk for the Gorgas Memorial Institute.

## DEATHS

**David Wilson Graham,** for many years clinical professor of surgery, Rush Medical College, Chicago, died at his home, February 9. He was born in Henderson County, Illinois, in 1843, and after graduation from Monmouth College, attended the Bellevue Hospital Medical College, New York, receiving his M.D. in 1872. He was demonstrator of anatomy at the Women's Medical School of Northwestern University, Chicago, 1874-1877, professor of anatomy, 1877-1882, and professor of surgery, 1883-1898. For more than forty years, Dr. Graham was connected with Rush Medical College, and since its founding with the Presbyterian Hospital. He was president of the Illinois State Medical Society, 1894-1895; of the Chicago Surgical Society, 1885-1886; and of the Chicago Surgical Society, 1906-1907, Dr. Graham was a member of the American Association of Obstetricians and Gynecologists, and of the Chicago Pathological Society, a Civil War veteran, formerly surgeon to the Cook County Hospital, the Central Free Dispensary, and consulting surgeon to the Evanston Hospital. He served the American Medical Association as a trustee from 1894 to 1897. A son, Dr. Evarts A. Graham, is professor of surgery in Washington University Medical School, St. Louis. Dr. Graham was a man of rugged character with a characteristic humor and a striking personality.

Report of Second International Congress of Military Medicine and Pharmacy. By Commander William Seaman Bainbridge, M. C., United States Naval Reserve Forces, Member of Permanent Committee, Delegate from the United States. Rome, May-June, 1923. Reprinted from The Military Surgeon, December, 1924, January and February, 1925. Washington, D. C. 1925.

This book refers to the congress held in Rome, May and June of 1923, in which the United States was represented by Commander William S. Bainbridge, United States Naval Reserve; Dr. R. F. Sheehan, lieutenant commander, United States Navy; Dr. R. F. Jones, lieutenant commander, United States Navy; Dr. G. W. McCoy, United States Public Health Service, and others. The main subjects discussed at this congress were the general methods of the evacuation of the wounded in the fighting armies. The collaboration of military and civil authorities in matters of social hygiene and physical education, methods of disinfection in times of peace and war, the treatment of wounds of the chest, chemical army laboratories, etc. A number of photographs add to the interest of the book. Those who have not read the "Military Surgeon" in which these articles originally appeared may, no doubt, get a copy by addressing Commander Bainbridge.

Clinical Medicine for Nurses. By Paul H. Ringer, A. B., M. D., Chief of Medical Service of the Asheville Mission Hospital, Asheville, N. C.; on staff of Biltmore Hospital, Biltmore, N. C. Illustrated. Second revised edition. F. A. Davis Co., Philadelphia. Price, $2.50.

This is the second edition of this splendid book for nurses and has been thoroughly revised, some part rewritten, like the treatment of heart failure, diabetes, etc. It is written in a language easily understood, plain, practical, useful, instructive, and in our judgment gives all that is needful for a nurse to know. We cordially recommend it.

Feeding, Diet and the General Care of Children. A book for mothers and trained nurses by J. Bell, A. B., M. D., Assistant Professor of Pediatrics in the Medical Department of the University of Cincinnati; Attending Pediatrician to the Cincinnati General Hospital, The Tuberculosis Hospital and the Christ Hospital; Member of the Medical Milk Commission, and Chairman of the Divisional Council on Child Hygiene, Cincinnati, etc. Second revised edition. Illustrated. F. A. Davis Co., Philadelphia. Price, $2.00.

This is a very practical book for mothers and trained nurses and is really one of the best we have seen on the subject, going into every detail as regards artificial feeding, feeding after the first year, development, the various diseases in childhood, contagious diseases, measures when sick, table of food values, treatment for poison, and many other useful things.

The prevention of diseases is duly emphasized, and everything is written in clear, easily understood language.

HEREDITY IN NERVOUS AND MENTAL DISEASE. Association for Research in Nervous and Mental Disease. A Series of Investigations and Reports. Volume III. (1923). Paul B. Hoeber, Inc., New York. Price $3.75.

This is volume three published by the Association for Research in Nervous and Mental Diseases and is worthy of the most careful study. Among its list of contributors are such well known men as Lewellis F. Barker, A. M. Barrett, Charles L. Dana, C. B. Davenport, John L. Eckel, Nolin D. C. Lewis, Ely Jellife, Bernard Sachs and others.

It treats of heredity in the psychosis, the factors in its development, and its pathology, etc. Many subjects mentioned are thoroughly discussed, and the book is really of rare interest.

CLINICAL THERAPEUTICS. I. Therapeutic Agents. II. Therapeutic Procedures. III. The Treatment of Symptoms. IV. The Treatment of Diseases. By Alfred Matinet, M. D., Paris, France, with the collaboration of Drs. Desfosses, G. Laurens, Léon Meunier, Lomon, Lutier, Martingay, Mougeot, Saint-Cène, Ségard, and Terson. Authorized English Translation from the second revised and enlarged edition by Louis T. De M. Sajous, M. S., M. D. Associate Professor of Experimental Pharmacology, School of Medicine, Temple University; Instructor in Endocrinology, Graduate Medical School, University of Pennsylvania, Philadelphia. With 332 text engravings. Complete in two Royal Octavo volumes. Volume I: Therapeutic Agents and Procedures. F. A. Davis Co., Philadelphia. Volume II: Treatment of Symptoms and Diseases. $16.00.

All those who are fortunate enough to possess "Clinical Diagnosis" by Martinet, published a few years ago, will be delighted to hear of the appearance of a work by the same author on "Clinical Therapeutics." It is a two volume book dealing with, I, Therapeutic Agents; II, Therapeutic Procedures; III, The Treatment of Symptoms; IV, The Treatment of Diseases.

Louis T. De M. Sajous is the same translator of these books as of the one already referred to, and no abler man for the purpose could have been found.

These volumes are so full of valuable information that it is hard to

do them justice, Part I considering all drugs, therapeutic agents, specific drugs, and dietetics; Part II, therapeutic procedures, subcutaneous and intramuscular injections, procedures relating to the various tracts and systems; Part III being entirely devoted to the treatment of symptoms, and Part IV the most practical, relating to the treament of all diseases, including diseases of the skin, poisoning and certain diseases of ear and eye. Innumerable prescriptions are found both in the old and metric system, and an immense amount of valuable information can be gleaned from these two volumes.

Of course, we must remember that this work is written by a Frenchman, and we find many things which are not used by us, such as the old-fashioned seton, leeching, etc. Nor do we find any reference in scarlet fever, for instance, to the Dick methods of immunization, etc. But taking it all in all, these books will be of great value to the student and especially to the general practitioner.

Dr. Sajous has made many additions and corrections so as to make the book more adaptable to the American reader, as for instance, the climatic resorts, which in the French edition are largely the climatic resorts of France, whereas the translator has given most attention to those in our country. These are most valuable and interesting books and will be thoroughly appreciated by the profession.

THE PHYSIOLOGY OF MIND. An Interpretation Based on Biological, Morphological, Physical and Chemical Considerations. By Francis X. Dercum, M. D., Ph.D., Professor of Nervous and Mental Diseases in the Jefferson Medical College, Philadelphia. Second edition, reset. 12 mo. of 287 pages. Philadelphia and London: W. B. Saunders Company, 1925. Cloth, $3.50 net.

Whatever our friend Dercum writes is not only good but exceedingly wise, and anyone interested in the physiology of the mind will find much of interest in this sane, practical, common sense book.

We find chapters dealing with considerable new matter such as the chapter on the nervous system in the light of Einstein's interpretation of energy, also the addendum on the pathological physiology of the mind, and the appendix on Freudism which is brief and short, as the author considers this a rank humbug of the worst kind, in which view the reviewer would go him one better as he would have all this nonsense stopped by law as now practiced by innumerable fakirs, doing positive damage to the sanity of our people. We except, of course, the few honest and competent scientific workers in this line of work, like our esteemed colleague, Dr. George Morgenthau.

To quote from Dercum: "In what words shall be characterized such fantastic nonsense, such vacuous hare-brained absurdities, such meaningless jargon! And such utterances are dealt with by the Freudian sect

as though they were each and everyone scientifically demonstrated facts, self evident, axiomatic truths!" We strongly recommend Professor Dercum's super-excellent book.

Pseudo-Appendicitis. A Study of Mechanical Syndromes of the Right Lower Quadrant Simulating Appendicitis. By Thierry De Martel, chirurgien Des Hopitaux De Paris and Edouard Antoine, Medecin Des Hopitaux De Paris. Authorized translation from the French by James A. Evans, A. B., M. D., formerly Assistant Radiologist, Hospital St. Antoine, Paris. Preface by R. Bensaude Medecin Des Hopitaux. Illustrated with forty-one engravings. F. A. Davis Co. Price, $3.00.

This interesting study by these two noted French authors on pseudo-appendicitis is well worth reading, particularly in our country where it has been stated that out of every six cases of appendicitis operated on, five could have been treated medically. This book particularly emphasizes the necessity for more careful study of the chronic cases of appendicitis.

We agree with Dr. Gregory Connell, who in the foreword to this book states that the book will bring out a realization of the fact that chronic appendicitis and particularly in the right side either with or without gastro-intestinal symptoms are not synonymous. That instead of being the simplest surgical condition, it is one of the most complex, and is, therefore, worthy of more serious study before and after the removal of the so-called chronic appendix.

Principles of Surgery for Nurses. By M. S. Woolf, M. A., B. Sc., M. R. S. C. (Eng.), L. R. C. P. (London), Instructor in Surgery, University of California Hospital, San Francisco. 12 mo. of 350 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1925. Cloth, $3.00 net.

This is one of the best books of surgery for nurses we have so far encountered, and it is a book of some three hundred pages, well illustrated and teaches the nurses all the surgical knowledge required, to be of use in the operating room, and to understand the nature of the case.

It takes in the various diseases of the joints and bones, blood vessels, diseases of the various systems, lectures on anesthesia, general, spinal and local, in short, all that is desirable to give a necessary understanding of surgery to the nurse.

The Surgical Clinics of North America. (Clinic of Frank H. Lahey, M. D., Boston.) (Issued serially, one number every other month.) Volume IV, Number VI (Clinic of Frank H. Lahey, M. D., Boston, Mass., December, 1924), 166 pages with 43 illustrations, and complete index to Volume IV. Per clinic year (February, 1924, to December,

1924). Paper, $12.00; Cloth, $16.00 net. Philadelphia and London: W. B. Saunders Company.

This number is different from those we have had heretofore, as it refers only to the Lahey Clinic at Boston, Mass., which represents the New England Deaconess and New England Baptist Hospital. The contributors, therefore, are limited to the staffs of said institutions, consisting of Drs. Frank S. Lahey, Howard M. Cluit, Robert L. Mason on surgery, Dr. B. E. Hamilton on cardiology, Dr. L. F. Sise on anesthesia, Dr. D. Crosby Green on laryngology, Dr. Sarah M. Jordan on gastrology, Dr. Edwin B. Dunpley on opthalmology.

The subjects treated represent thyroid operations largely, including adanomata of the thyroid, aberant goiter, heart failure with thyroid toxicity, the eyes in exophthalmic goiter, etc. In addition there are a few clinics on cysts of the kidney, duodenal fistula and tetany.

This edition also contains a complete index of volume four. It is an admirable number.

A Text Book of Practical Therapeutics. With especial reference to the Application of Remedial Measures to Disease and Their Employment Upon a Rational Basis. By Hobart Amory Hars, B. Sc., M. D., LL. D., Professor of Therapeutics, Materia Medica, and Diagnosis in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one-time clinical professor of Diseases of Children in the University of Pennsylvania; one-time Commander, M. D., U. S. N. R. F. Nineteenth edition. Lea & Febiger, Philadelphia and New York. Price, $7.00.

Of all books on therapeutics, Hare's has the longest record of any and without question remains the most popular book of the day in its special field. The writer has had the privilege of receiving every edition, from the first to the nineteenth, and feels like greeting an old friend whenever a new edition appears. This book is so well known that there remains very little to be said except that this edition, like all others, has been fully brought up to date and now includes all new methods of treatment, new remedies, etc.

It is not necessary to pick these out individually, like Insulin, etc., but the reader can be assured that in Hars' "Therapeutics" he has an absolutely safe and reliable guide, something he can depend on.

As formerly, Dr. Schweinitz has revised the section on diseases of the eye; Dr. B. C. Hirst, diseases of the puerperal state, and Dr. Edward Martin on venereal diseases. We look confidently forward to the appearance of the twentieth edition, two years hence.

A Compend of Genito-Urinary Diseases and Syphilis. Including Their Surgery and Treatment. By Charles S. Hirsch, M. D., Urologist to

the Jewish Hospital for Consumptives, Out Patient Department, Philadelphia. Fourth edition, revised. P. Blakiston's Son & Co., Philadelphia. $2.00.

This is the fourth edition of a very practical compend which is not only very useful for students but also especially so for the general practitioner who takes care of such cases to a certain extent. We recommend it highly as we find it up to date in every particular.

The Technic of Local Anesthesia. By Arthur E. Hertzler, A. M., M. D., Ph. D., LL. D., F. A. C. S., Professor of Surgery in the University of Kansas; Surgeon to the Halsted Hospital, Halsted, Kansas; to St. Luke's Hospital and St. Mary's Hospital, Kansas City, Missouri; and to the Providence Hospital, Kansas City, Kansas. C. V. Mosby Company, St. Louis. Price, $5.50.

This splendid book appears in the third edition and we recommend it most highly to our readers. It is one of the best books on local anesthesia with which we are acquainted, and the technique has been most carefully considered in all the various operations. It has over one hundred and forty illustrations which add greatly to the value of the book, and the whole subject matter is so clearly illustrated that he who reads learns all that is necessary.

A Manual of Pluriglandular Therapy. By Henry R. Harrower, M. D.

This little manual containing a number of pluriglandular formulas and quite a complete synopsis of the various diseases in which they are indicated, such as neurasthenia, indigestion, anemia, goitre, etc., is a very convenient little handbook for the general practitioner. He will find therein all he needs as a reference book and guide for the use of pluriglandular therapy.

The Child Health Library. Edited by John C. Gebhart; Introduction by Haven Emerson, M. D.; formerly Health Commissioner of New York City; Professor of Public Health Administration, College of Physicians and Surgeons, Columbia University.

The Child Health Library is a series of ten handy-size volumes, just published, answering all the questions that worry parents when their children show the slightest sign of illness or weakness. These answers represent the latest and most authoritative information obtainable. They are given in each case by active practising specialists, each one widely known and eminent in his field. The volumes are written in simple language for parents. The aim is to transform worried parents into well-informed parents, so that they can co-operate intelligently with their family physician. By helping parents recognize their children's troubles at an early

stage, very serious disease and disabilities can almost always be prevented, and frequently even the precious life of the child may be saved.

The volume of the Child Health Library are bound in rich embossed limp Croftcutt; they are printed on fine book paper in a clear, readable type; they are of a small, compact pocket size, so that they should take up little room, on the bedroom dresser, or the library table. A pair of handsome book-ends comes with each set, so that the books can always be kept together, and with the ten volumes makes an attractive ornament.

The price, $3.00, is insignificant for such books, by such eminent specialists; but it has been made low, so that this set may be obtained by people of the most moderate means.

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3. "Making Your Community Know You" is a practical plan for attaining reputation as a leader in your community, through public speaking and newspaper publicity.

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Blue cloth, gold title, antique paper, 300 pages, $2.10 postpaid. Address: Stewart Anderson, Publisher, Box 366, Newark, N. J.

Medical Clinics of North America. (Mayo Clinic Number.) The Medical Clinics of North America (issued serially, one number every month). Volume VIII, Number IV (Mayo Clinic Number, January, 1925). Octavo of 374 pages with 66 illustrations. Per clinic year (July, 1924, to May, 1925). Paper, $12.00; Cloth, $16.00. Philadelphia and London: W. B. Saunders Company.

This is the Mayo Clinic number and is full of interest. There are so many contributors to this number that it is impossible to mention more than a few such as Norman M. Keith, William A. Plummer, Walter Boothby, Wm. F. Braasch, George B. Eustaman, Fred W. Gaard, Willis S. Lemon, Fred A. Willius, Leonard G. Rowntree and many others.

We can only mention a few of the many most interesting clinics such as cancer of the esophagus, chronic duodenal, gastro jegunal ulcer, iodine in the treatment of goiter, pernicious anemia, the cure of syphilis, miliary calcification in the lung, radio therapy in four unusual cases of malignant tumor, etc.

The Surgical Clinics of North America. (Issued serially, one number every other month.) Volume IV, Number V (Portland-Seattle Number, October, 1924). Per Clinic year (February, 1924 to December, 1924). Paper, $12.00; cloth, $16.00 net. Philadelphia and London: W. B. Saunders Company.

This is the Portland-Seattle number, as far as our knowledge serves us, the first published from those cities. The contributors are J. B. Eagleson, G. M. Horton, E. O. Jones, O. F. Lamson, J. T. Mason, A. H. Peacock, C. W. Sharpless, and George W. Swift, all from Seattle, Washington, together with J. E. Else, W. B. Holden, T. M. Joyce, K. P. Morran, A. E. Rocky, all instructors in the University of Oregon Medical School of Portland, Oregon.

Among the subjects discussed at the Clinics are carcinoma of the lower lip, carcinoma of the thyroid, a typical toxic goiter, hydropyelonephrosis, persistent thyroglossal duct, duodenal ulcer, hypertrophic pyloric stenosis, etc.

Practical Lectures. Delivered under the auspices of the Medical Society of the County of Kings, Brooklyn, New York. 1923-1924 series. One hundred and thirty-two illustrations and three color plates. Paul B. Hoeber, Inc., New York. Price $5.50.

This is a unique collection of lectures delivered under the auspices of the County of Kings Medical Society of New York by a number of distinguished gentlemen among whom may be mentioned Drs. J. A. Blake, J. B. Dever, R. L. Dickinson, J. A. Fordyce, Thomas McCrey, J. O. Polak, Walter Truslow, Frederick Tilmey, and other equally distinguished gentlemen.

These lectures are particularly intended for the general practitioners and are of great practical value to the reader. Among the various lectures we may mention "The Surgical Abdomen," "Pneumonia," "Appendicitis," "Surgical Diagnosis," "Diabetes and Insulin," "Everyday Bacteriology," "Ectopic Gestation," "Medical Psychology," etc.

After reading one or two of these lectures, we feel that every physician would be well repaid in reading this book.

Bacteria in Relation to Man. A Study-Text in General Microbiology by Jean Broadhurst, Ph. D., Associate Professor of Biology, Teachers College, Columbia University. J. B. Lippincott Company, Philadelphia and London. Price $3.00.

This book on general microbiology is an exceedingly well written book. It gives a real understanding of the healthful and harmful relation of microorganisms, giving first a review of work with a compound microscope, then taking up the cell, molds, bacterial cultivation, physical and chemical agents, air, water, milk, soils and the nitrogen cycle, and finally microorganisms in human disease, concluding with a page on the historical setting of present day bacteriology. Each chapter has a very splendid list of reviews of books and pamphlets as well as comprehensive review and study questions, so that the volume is of the greatest possible value to the student. It is a very scientific book which we recommend most cordially.

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**Social Welfare in Seattle.**—The Social Welfare League of Seattle has a medical service bureau composed of fifty physicians who give their time without charge. The league provides emergency relief, social service, medical service and legal service to needy families in the city. Under these categories, it has 3,061 cases under care, involving a total of 12,515 persons. The Social Welfare League received from the Community Fund last year $94,000 and raised from other sources more than $32,000. This was insufficient, and single men who were ill were turned away after February 15. The amount granted to the league from the Community Fund for next year will be $80,000. Seattle carries on a community health program largely through the Antituberculosis League, the White Cross Antinarcotics League and the American Red Cross, all beneficiaries of the Community Fund. These agencies ask, however, only 6.5 per cent. of the $750,000 which is now being raised. A summary of the work of these agencies last year shows, among other things, that they cared for 4,247 medical and surgical cases, 5,668 cases of dispensary and other medical aid, and 5,046 dental cases. They gave also 2,091 physical examinations and held baby clinics at which there was an attendance of 2,093.

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*Announcement:* Dr. Robert H. Babcock desires to announce that beginning May first next his Office Assistant is to be Dr. H. G. Reid, a graduate of the McGill Medical College, Toronto, Canada, and that Babcock's office hours will remain as heretofore from one to four P. M.

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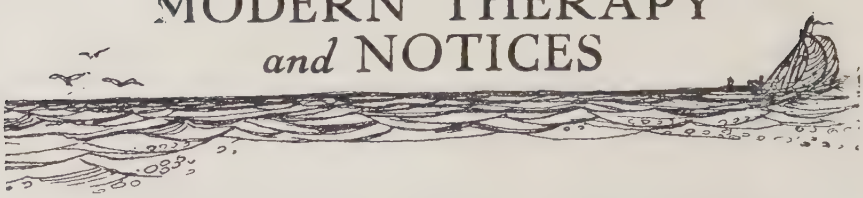

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Since more than 225,000,000 pounds of margarine were eaten by the people of the United States last year, and since this compound of refined animal and vegetable fats has become established as a staple food, it is important that consumers should be properly informed about its dietetic properties. During the past year, margarine, through chemical analysis and feeding experiments, has been subjected to modern scientific tests which have demonstrated beyond question its high nutriment value.

The importance of fats in the human diet has long been recognized. Fats furnish the fuel that keeps the vital organs functioning properly. The invention of margarine has made it possible to utilize as human food wholesome animal and vegetable oils which formerly played little or no part in increasing the world's food supply. Margarine, more than any other food discovery of modern times, has pushed far into the future the spectre of a world famine foreseen by the disciples of Malthus when the world's population grows beyond the limits of sufficient food production.

The most recent advance in dietetics has been due to the discovery of the mysterious growth-promoting elements known as vitamins. Experiments have shown that these elements are contained in margarine, and laboratory tests have proved that margarine may have as high a vitamin content as the best creamery butter. This discovery is of particular importance in the study of child nutrition, for vitamin deficiency is now known to be the chief contributing cause of the malnutrition from which a large proportion of school children suffer to a greater or less degree.

Some parents still cherish the erroneous belief that the only satisfactory way to add vitamins to the diet is through milk and butter. This mistake is due largely to the attempts of dairy interests to identify vitamins exclusively with butter fat and to make the public believe that butter is our main source of vitamin supply. The fact that vitamins are present in margarine, "the poor man's butter," proves that a beneficent nature has distributed these essential nutrition elements widely and placed them within the reach of all.

The presence of vitamins in margarine has been officially recognized by the Bureau of Chemistry of the Department of Agriculture in granting to manufacturers of margarine permission to print on their packages the words "Contains Vitamins."

The high digestibility of margarine has been reaffirmed by recent laboratory experiments with both human and animal subjects, data resulting from which is now in the possession of the Institute of Margarine Manufacturers.

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## REPORTED ISOLATION OF THE VIRUS OF FOOT-AND-MOUTH DISEASE

"A rare example of a reward for steadfast concentration on one problem by one man is to hand in the news that the virus of foot-and-mouth

# PLUTO WATER

Above is shown the home of Pluto Water.

## Two Sizes

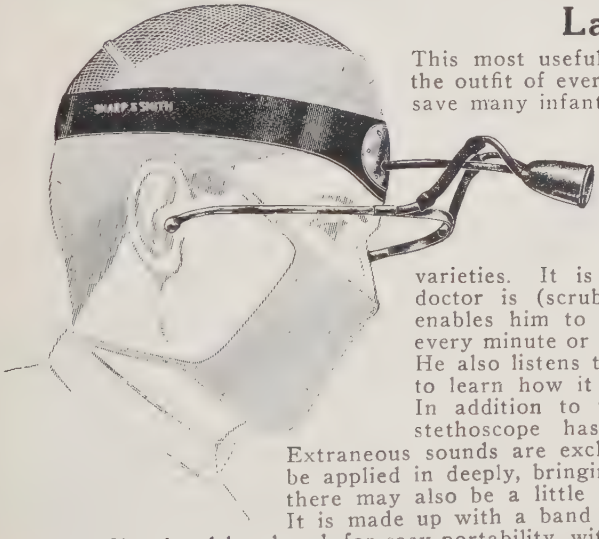
Pluto Water is bottled in two sizes—the large size is usually preferred, being most economical. Pluto is on sale at all drug stores.

Sample and literature to the Medical Profession on request.

**FRENCH LICK SPRINGS HOTEL COMPANY, French Lick, Indiana**

# The De Lee-Hillis Head Stethoscope

## Latest Model




This most useful instrument should be part of the outfit of every obstetric practitioner. It will save many infants' and mothers' lives.

It was designed especially for use during the second stage of labor of both (spontaneous and operative), but it is even more useful for all the purposes of a stethoscope than the usual varieties. It is worn on the head after the doctor is (scrubbed up) for the delivery and enables him to listen to the fetal heart tones every minute or two without infecting his hands. He also listens to the mother's heart frequently to learn how it is bearing the strain of labor. In addition to this great advantage the head stethoscope has valuable acoustic properties. Extraneous sounds are excluded; by pressure the bell can be applied in deeply, bringing it closer to the fetal heart—there may also be a little audition from bone conduction. It is made up with a band over the top of the head, with a circular fibre head band and, for easy portability, with a ribbon woven strap.

Price, $7.50 Each

**SHARP & SMITH**

**General Surgical Supplies**

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disease has at last been isolated by Prof. Paul Frosch, Professor of Dietetics and Bacteriology in the Konigliche Tierarzliche Hochschule in Berlin, working in conjunction with Professor Dahmer. More than 20 years ago Frosch,* working with Loeffler, discovered that a filterable virus was responsible for foot-and-mouth disease. Frosch has worked at this subject with persistent diligence ever since, and at a meeting of the Berlin Micro-Biological Society on April 7th he was enabled to announce the discovery of a tiny bacillus which he has isolated and from which, we understand, he has been able to reproduce the disease after thirteen subcultures. The organism is only 0.1 micron long in its longer axis. It forms minute colonies, on a suitable solid medium, of the diameter of a red blood corpuscle—that is, 7 to 8 microns. This bacillus the two workers generously propose to name Loefflerïa nevermanni. Prof. Dahmer described at the same meeting how he succeeded in separating the organism from the fluid of the vesicles and in developing a colony on a solid medium. From these colonies the two workers succeeded in making subcultures with which they inoculated a series of guinea-pigs. The guinea-pigs acquired an immunity which was demonstrated in that, after inoculation, the animals showed no generalized foot-and-mouth disease when subsequently infected with virulent material, though the primary vesicles appeared. These experiments were carefully controlled. From the vesicles of these culture-infected guinea-pigs the organism could be further subcultured. From the experiments it was concluded that guinea-pigs infected with culture material were protected from a generalized disease on subsequent reinfection. The principle of the methods whereby what appears to be a very fine piece of research was achieved bears a curious resemblance to that which gave us insulin. In both cases the problem was that of getting rid of a substance which had a destructive effect on the material to be isolated. It has long been known that the fluid from the vesicles of infected animals is extremely infective on the first day, considerably less so on the second, and that on the third day its potency appears to be lost. Similarly, if an attempt be made to cultivate this fluid, its infectivity diminishes rapidly. The difficulty was to devise some means of getting rid of the unknown substance which kills off the virus. Frosch apparently took the vesicular fluid and filtered it through a collodion filter, and then was able to wash the organism off this filter and grow it; but the actual technique of the culture process has not at present been disclosed. The investigators are taking steps to have their work confirmed at the Department of Health and at the Robert Koch Institute.

*Report of the Commission for Investigation of Foot-and-Mouth Disease at the Institute for Infectious Diseases, Berlin. See Jour. of Comp. Pathol., 1899, xii., p. 79.

## CHRONIC SPECIFIC URETHRITIS

"It is with the treatment of this affection that I wish more particularly, though briefly, to deal. It is by no means easy to treat chronic

# They just love them

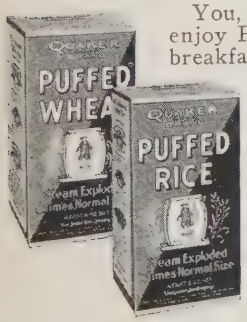
## . . . *these fascinating foods!*

**Your little patients are glad to obey when you tell them to eat Puffed Grains**

QUAKER Puffed Wheat and Puffed Rice taste like confections, which is reason enough for little folks to like them.

They can be served so many different ways that each meal promises a surprise. Which way is best, is hard to decide. Puffed Grains seem to taste better each time they're offered, smothered with sugar and cream, with fresh or stewed fruit, or floated in bowls of milk.

Most important, *you* know that each child is getting the necessary daily ration of rich grains. Quaker Puffed Wheat and Puffed Rice are each extra quality kernels, embodying precious natural constituents. Steam exploded to eight times normal size, every food cell is broken. This means quick and easy digestion and assimilation, a fact to be considered when dieting the delicate child.




You, yourself, doctor, will enjoy Puffed Grains, both at breakfast and for the quick, hurried luncheon which is all you have time for on busy days. Just at bedtime a bowl of Puffed Wheat or Puffed Rice floated in milk invites restful sleep.

THE QUAKER OATS COMPANY

## To Reduce Fever Temperature

**FORMULA**

Guaiacol 2.6, Formalin 2.6,
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Methyl Salicylate 2.6,
Glycerine and Aluminum Silicate, qs 1000 parts,
Aromatic and Antiseptic Oils, qs

In any febrile condition to bring the temperature under control

*Pneumo-Phthysine*
TRADE MARK

provides a means whereby this can be accomplished quickly, safely and without creating digestive disturbance.

There is no mystery about Pneumo-Phthysine. The formula shown above appears on every jar. The ingredients of this emplastrum absorbed through the skin give definite results. Pneumo-Phthysine does not have to be heated. It is an ethical product which is not advertised to the public in any way.

Write for a clinical trial specimen and prove it out in your own practice.

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**Dept. CMR, 220 W. Ontario St., Chicago.**

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Please send me, free of charge, a clinical trial specimen of PNEUMO-PHTHYSINE.

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Address .....

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gonorrhea. Patients whose constitutional condition is at fault should be put upon such a regimen as their individual case seems to require. When the lesion exists in the anterior urethra it is sometimes possible to cure it by the use of injections with the ordinary urethral syringe. For this, solutions of moderate strength should be used. It is often necessary to make stronger applications to the diseased spots. A one per cent solution of nitrate of silver has been in my hands the most useful. My usual plan, if the disease be anterior to the bulb, is to pass a Brown speculum, which gives me perfect control of the condition, and enables me to see the spots and apply the silver only on their surface. No account of the treatment of chronic urethritis is complete without reference to the use of steel sounds. Begin with a number sufficiently small to be easily admitted, pass the well-oiled sound gently, and allow it to remain a minute or two, if its presence is not painful. Once in two days is often enough for their use, and they should be slowly increased; a single number French scale is sufficient each time. The frequency with which they are used should be governed by their effect. When the deep injection is used with the sounds, it is best to lubricate the later with glycerine, as it does not coat the urethra wall like an oil. So far I have advised nothing as to the internal mode of handling these cases. I leave it for the last, as I desire to impress it thoroughly. I have used all the various drugs and combinations for this purpose, such as sandal-wood oil, cubebs, copaiba, salol, etc., in an effort to get the best. However, I have quit experimenting, and now confine the internal administration of drugs to one preparation, which is always stable and pleasant to take, namely, SANMETTO, prepared by the Od Chem. Co., of New York. I have used it in my practice for four years, with gratifying results. It allays all irritation of the bladder, urethra, and prostate, and enables me to handle these cases with satisfaction, both to my patients and myself."—E. R. P., A.M. and M.D.

---

## BLADDER INJURY DURING HERNIA OPERATIONS

Large, irreducible, or strangulated hernias often present unusual difficulties, sometimes taxing the skill of the most experienced operators. The danger lies in accidental injury to the bladder, intestine, blood vessels or vas deferens. The bladder is involved in about 1 per cent of all inguinal hernias in adults. In certain cases, it is only by a most careful examination of the sac that bladder injury can be avoided. Bladder wall should be suspected when the sac is thick, when it is covered by a quantity of lemon-colored properitoneal fat, or when there are numerous blood vessels on its surface. When the bladder is in the sac wall, it is nearly always on the inner side, and for this reason the sac should always be opened at a thin white point on the outer side.—Leigh F. Watson: *American Journal of Surgery,* April, 1924.

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***Quick Quaker cooks in 3 to 5 minutes***

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*Cooks in 3 to 5 minutes*

*The kind you have always known*

# The Retention of Intestinal Poisons

*is now recognized* as the chief factor in the causation or aggravation of many acute and chronic ills. The immediate removal of these poisons is always imperative, and to accomplish this there is no remedy more effective than AGAROL COMP.—a delightfully palatable and well balanced preparation of mineral oil, agar-agar and phenolphthalein.

*AGAROL COMP.* not only assures prompt and satisfactory elimination, with gratifying relief from the influence of retained poisons, but presents the further advantage of promoting permanent restoration of normal bowel function.

*Thus its ingredients* mix thoroughly with the bowel contents—the oil softening and lubricating the fecal mass, the agar-agar retaining moisture and increasing its bulk, while the phenolphthalein furnishes the initial impulse that starts the peristaltic wave.

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In the words of a well known practitioner, "You can foretell, almost from day to day, the results that will follow the use of Gray's Glycerine Tonic."

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CIRCULATORY STASIS OF THE LIVER—In order to enable the liver to do its work properly, it is always necessary to regulate the bowels, for it is a well-established fact that constipation is a great cause of hepatic congestion (portal stasis). For this purpose a mild laxative should be employed to stimulate the circulation. After this Chionia is an ideal remedy for stimulating and overcoming the congestion of the liver. A slight laxative action is usually produced by this preparation, but when a thorough evacuation is desired it is always desirable to use sodium phosphate in conjunction with Chionia. Under the influence of Chionia, the hepatic circulation is stimulated, the flow of bile increased, and the liver and intestines thus encouraged to resume their normal activity.

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INCREASES STOMACH SECRETIONS—The notable tonic effect which Seng exerts on the glandular structures of the stomach make it one of the most effective remedies at the physician's command in chronic gastritis. One or two teaspoonfuls, shortly after eating, will increase the physiologic activity of the stomach and often afford pronounced relief from distressing symptoms when other measures have failed completely.

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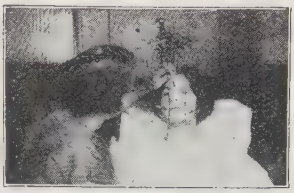

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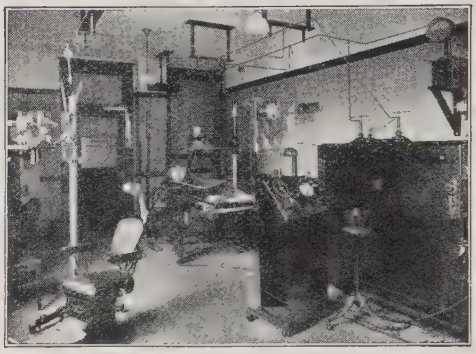

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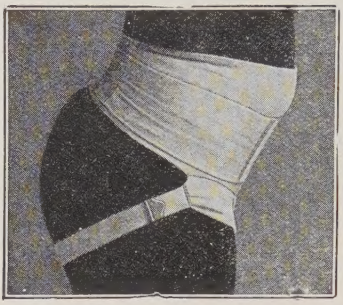

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A true intestinal corrective that produces physiologic evacuations from the bowel without griping, distress or after-constipation.

Employed with conspicuous success in the treatment of **constipation, intestinal stasis, auto-intoxication** and whenever **thorough bowel elimination** is needed.

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